



## Employee Relations Department Request for Extension of Leave of Absence

Please complete all information (Numbers 1-9 must be completed in order for the request to be processed) and return with documentation to the Director, Miami-Dade County Employee Relations Department, 111 N.W. 1st Street, Suite 2110, Miami, Florida 33128.

1. EMPLOYEE NAME: \_\_\_\_\_
  2. SOCIAL SECURITY NUMBER: \_\_\_\_\_
  3. DEPARTMENT: \_\_\_\_\_
  4. CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_
  5. DATE OF ORIGINAL LEAVE OF ABSENCE: FROM \_\_\_\_\_ TO \_\_\_\_\_  
EXTENSION REQUESTED: FROM \_\_\_\_\_ TO \_\_\_\_\_
  6. Reasons from Original Leave: (You may attach a copy of Employee's original written request and department director approval)
  7. Reason for Request for Extension of Leave of Absence: (You may attach a copy of the employee's request for extension of Leave of Absence)
- NOTE: An extension of a Leave of Absence beyond one year may be granted for a maximum of one year.
8. EXTENSION RECOMMENDED BY DEPARTMENT DIRECTOR YES ( ) NO ( )
  9. APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Department Director
  10. APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Director  
Employee Relations Director